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respond to a collection of information unless it contains a valid OMB control number Complete if Known Substitute for form 1449/PTO Application Number 10/593 037 September 15, 2006 INFORMATION DISCLOSURE Fiting Date Yasuhisa SAKURAI STATEMENT BY APPLICANT First Named Inventor Art I Init (Use as many sheets as necessary) Examiner Name Not Yet Assigned Attorney Docket Number 0020-5518PUS1 of 1 1 Sheet

U.S. PATENT DOCUMENTS						
Examiner Infials*	Cite No.1	Document Number Number-Kind Code ² (if known)	Publication Date MM-DD-YYYY	Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear	
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Examiner Initials*	Cite No.1	Foreign Patent Document	Publication Date	Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear	L.
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